

State of Montana
Office of the State Public Defender
REQUEST FOR PRE-APPROVAL OF CLIENT COSTS
MENTAL HEALTH PROFESSIONAL

All client costs exceeding \$200 per task in each case must be pre-approved by submitting this request form to the appropriate person as follows:

- The Regional Deputy Public Defender in cases assigned to an FTE, or a non-conflict case assigned to a contract attorney
- The Training Coordinator in cases assigned to conflict attorneys
(Eric Olson, 610 N. Woody, Missoula MT 59802)

Requesting Attorney's Name

Date

Case Name

OPD Case Number

Task Provider's Name

Requested Pre-Approval Amount for Evaluation

Requested Pre-Approval Amount for Travel (time & miles)

*Note: travel reimbursement is paid at the **current state rate** for mileage, lodging and per diem.*

The assigned attorney is responsible for keeping costs within the pre-approved amount. If costs are anticipated to exceed the pre-approved amount, the task must be resubmitted for approval of a supplemental amount on a new form **prior to incurring any costs over the pre-approved amount**. It is imperative for the requesting attorney to monitor costs expended to date so as not to delay the supplemental process.

Per Protocol, type of MH Professional involvement requested:

- | | |
|--|--|
| <input type="checkbox"/> MH Professional Consultation | <input type="checkbox"/> Sentencing Options |
| <input type="checkbox"/> MH Professional Screening | <input type="checkbox"/> Fitness to Proceed |
| <input type="checkbox"/> MH Professional Evaluation (comprehensive evaluation) | <input type="checkbox"/> Sex Offender Evaluation |
| <input type="checkbox"/> Chemical Dependency Evaluation | <input type="checkbox"/> Testimony |

Justification for task, referral questions and cost: _____

Next scheduled court appearance _____

Type and Estimated number of pages for Professional to review:

- ☐ Legal documents (_____ pages) ☐ Medical record (_____ pages)
- ☐ Other records requested and have not arrived to date

I. Have you consulted with the OPD Mental Health Consultant regarding this request?
(Required for all evaluations except sex offender evaluations)

☐ Yes Date and time of consultation _____

☐ OPD MH Consultant has reviewed and concurs with request
(Attach documentation or signature)

II. Have you completed and attached the MH Referral Question Checklist?

☐ Yes

Requesting Attorney Signature

Date

The Requesting Attorney must complete and forward this form to the appropriate person for approval (see page 1).

Authorized Signature ☐ Approve ☐ Deny

Date

Regional Deputy Public Defenders: **All requests, regardless of the amount requested, are to be submitted to the Central Office for approval.** The Chief Public Defender will review FTE attorney requests. The Contract Manager will review contract attorney requests.

For Central Office Use Only—Non-Conflict Requests

☐ Approve ☐ Deny

Contract Manager/Chief Public Defender

Date

Notes to mental health professional: (1) A *Memorandum of Understanding, Mental Health Professional* must be on file with OPD prior to commencing services. (2) **Immediately contact the referring attorney at the first indication that additional time is necessary to answer the referral question!** Supplemental approval must be provided for payment over and above the initial pre-approved amount. Justification must be provided regarding the specifics of what additional time spent on the case will entail.